

Case Number:	CM14-0073189		
Date Assigned:	07/16/2014	Date of Injury:	12/31/2007
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old male who sustained an injury on 12/31/07 due to repetitive work. The injured worker developed complaints of neck pain with reported right sided paralysis. The injured worker had prior cervical laminectomy the injured worker had persistent pain numbness and tingling in the back of the neck radiating to the right upper and lower extremities. Prior treatment included physical therapy and epidural steroid injections with no improvement of symptoms. Medications included anti-inflammatories Vicodin for pain and Tramadol. As of 04/07/14 the injured worker was utilizing Celebrex, Ultram, Ambien, Motrin, and Norco on an as needed basis. The injured worker continued to report constant pain in the cervical spine radiating to the right upper extremity. There were also complaints of low back pain radiating to the right lower extremity with associated numbness and tingling. On physical examination there was a positive axial compression sign in the base of the neck. Medications were continued at this visit. The requested Tramadol 50mg #200 and Hydrocodone 10/325mg #30 were denied by utilization review on 04/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50mg #200/ 50-25 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the use of Tramadol 50mg quantity 200, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting analgesic such as Tramadol can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting analgesics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic-like medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Tramadol. No specific pain improvement was attributed to the use of this medication.

Hydrocodone/APAP 10/325mg #30/30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: This medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication.